

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/581818	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/	/	/	/	/		51					
2		/		/		52							
3		/		/		53							
4		/		/		54							
5		/		/		55							
6		/		/		56							
7		/		/		57							
8		/		/		58							
9		/		/		59							
10		/		/		60							
11		/		/		61							
12		/		/		62							
13		/		/		63							
14	/	/	/	/		64							
15	/	/	/	/		65							
16	/	/	/	/		66							
17	/	/	/	/		67							
18	/	/	/	/		68							
19	/	/	/	/		69							
20	/	/	/	/		70							
21	/	/	/	/		71							
22	/	/	/	/		72							
23	/	/	/	/		73							
24	/	/	/	/		74							
25	/	/	/	/		75							
26	/	/	/	/		76							
27	/	/	/	/		77							
28	/	/	/	/		78							
29	/	/	/	/		79							
30	/	/	/	/		80							
31	/	/	/	/		81							
32	/	/	/	/		82							
33	/	/	/	/		83							
34	/	/	/	/		84							
35	/	/				85							
36	/	/				86							
37	/	/				87							
38	/	/				88							
39	/	/				89							
40	/	/				90							
41	/	/				91							
42	/	/				92							
43	/	/				93							
44	/	/				94							
45	/	/				95							
46	/	/				96							
47	/	/				97							
48	/	/				98							
49	/	/				99							
50	/	/				100							
TOTAL IND.	12		↓	6		↓							
TOTAL DEP.	38	←	27	←		←							
TOTAL CLAIMS	50			33									